

Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
2 Boylston Street, 3rd Floor
Boston, MA 02116
(617) 753-7300
Fax: (617) 753-7320

TO: EMT BASIC CANDIDATE WITH CURRENT OUT-OF-STATE EMT-BASIC
LICENSURE/CERTIFICATION, CURRENT NATIONAL REGISTRY OF
EMTS, OR INDIVIDUALS WHO HAVE COMPLETED INITIAL EMT-BASIC
TRAINING WITH IN THE PAST 12 MONTHS

FROM: MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

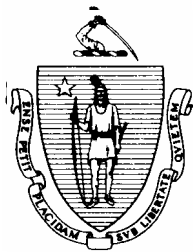
SUBJECT: VERIFICATION OF EMERGENCY MEDICAL TECHNICIAN (EMT)
STATUS

In order to become certified as an EMT-Basic in Massachusetts based on other than Massachusetts credentials you must submit verification documentation along with your application packet.

On the verification form provided please enter your name, Social Security Number, Certification/License number (where applicable), and EMT card expiration date. **The form is to be completed by your current state agency that issued your Basic Certification/License. If you do not hold a current state Certification/License, but hold a current National Registry of EMTs card, they should complete verification form. Or if you do not have either of the first two but have completed a DOT curriculum EMT training program with in the past 12 months, your training program should complete the verification form for curriculum areas.** The form is to be returned to you in a sealed envelope with the signature of the individual who complete verified written across the seal. It is important that you send the completed unopened verification form along with your application packet to OEMS. Envelopes that are not sealed, or that have been opened, will not be accepted.

If you have any questions or need additional information, please contact OEMS at 617-753-7300.

Thank you.



Mitt Romney
GOVERNOR

Timothy R. Murphy
SECRETARY

Paul J. Cote, Jr.
COMMISSIONER

Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
2 Boylston Street, 3rd Floor
Boston, MA 02116
(617) 753-7300
Fax: (617) 753-7320

TO: State Emergency Medical Services Agency: License/Certification Division
FROM: Massachusetts Office of Emergency Medical Services
SUBJECT: Verification of Emergency Medical Technician (EMT) Status

=====

The following named individual has applied for Massachusetts EMT certification based on credentials from your agency. Please complete the following information and return the form to the individual indicated on the envelope provided. For security, please ensure your signature is written across the sealed flap on back of envelope. Thank you for your assistance.

NAME: _____
 First *middle* *last*

LEVEL OF LICENSURE/CERTIFICATION: EMT-Basic ISSUING STATE: _____

SOCIAL SECURITY# _____ CERTIFICATION/LICENSE # _____

EXPIRATION DATE: _____

Is this applicant's certification/license in good standing? (No compliance issues on the record and no pending compliance issues.)

☐ YES
☐ NO (explain) _____

Has applicant's certification/license ever been suspended/revoked in your state?

☐ YES (explain) _____
☐ NO

EMT Training: Please indicate curriculum completed:

☐ 1994 Department of Transportation (DOT) CURRICULUM ☐ 1985 DOT ☐ 1994 DOT Refresher.

EMT Testing: Please indicate if the candidate was required to pass a written and a practical exam to obtain certification.

☐ Practical Exam ☐ Written exam ☐ Both Written & Practical

Please Print Verifying Person's Name and Title

Signature

Date